

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045137

Entity Name: SALON ESTETICA, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

10435 GIBSONTON DR
RIVERVIEW, FL 33569 US

New Principal Place of Business:

10435 GIBSONTON DR
RIVERVIEW, FL 33578 US

Current Mailing Address:

10435 GIBSONTON DR
RIVERVIEW, FL 33569 US

New Mailing Address:

10435 GIBSONTON DR
RIVERVIEW, FL 33578 US

FEI Number: 72-1600944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, DORENE L
9916 ALAFIA RIVER LANE
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LINDSAY, DORENE L
Address: 9916 ALAFIA RIVER LANE
City-St-Zip: GIBSONTON, FL 33534 US

Title: VP () Delete
Name: BUCY, AMY L
Address: 6906 W. THONOTASASSA RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: SEC () Delete
Name: BUCY, CHRISTOPHER R
Address: 6906 W. THONOTASASSA RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: LINDSAY, RICHARD T SR
Address: 9916 ALAFIA RIVER LN
City-St-Zip: GIBSONTON, FL 33534 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DORENE LINDSAY

P

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date